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To whom it concerns: Maryland Legislature

In the State of Maryland, we are very fortunate to have two Clinical Nurse Specialist Graduate programs, specifically the University of Maryland School of Nursing and Johns Hopkins School of Nursing. Combined these institutions graduate an estimated 30-35 students annually that are able to register for national boards to become certified as a clinical nurse specialist. A Clinical Nurse Specialist (CNS) is a licensed registered Nurse that has completed a graduate level educational program (Masters or Doctoral) from an accredited educational institution and has passed a national certification examination. The role of the CNS was first hypothesized in the 1940's by Dr. Frances Reiter, a nurse theory, coming into actual fruition in the 1950's under Dr. Hildegard Peplau at Rutgers University.

The role of the CNS is to serve as clinical practice expert for nursing staff, an advocate for patients and families, and a collaborate and consult with healthcare systems. The goal to improve the clinical practices environment by facilitating healthcare safety and advancing quality care. The core educational within CNS programs "overlap" the content required for advanced practice nursing. While the CNS is one of the four advanced practice roles yet does not possess prescriptive authority which hinders practice.

Since CNS are able to work "in-patient" or "outpatient" environments they have the ability to provide safe, effective, and consistent care. Often managing conditions to prevent people from being admitted / readmitted to the hospital; for the CNS managing persons with diabetes, they are not able to prescribe medication like insulin. For the CNS managing persons living with heart failure, they cannot fully adjust/ manage the medication. In both these scenarios often the attending physician would prefer if the managing provider (CNS) was more independent in regard to the ability to prescribe.

I hold a dual certification as a Nurse Practitioner and CNS and have noticed the limitations within the scope of practice. The CNS has the expertise to manage acute patients and make recommendation yet are not able to prescribe medication. The State of Maryland should grant this authority for the CNS to practice to the full extent of their education and fully contribute to the Maryland's healthcare environment. Additionally, granting prescriptive authority to CNS may help retain some of the prior mentioned CNS graduates in the State of Maryland versus them practicing in Delaware, Virginia or the District of Columbia where CNS are able to prescribe. Help to support the CNS in Maryland by keeping our advanced practice "CNS experts" within the state .

Respectfully,

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